

BC - SS - 4

- PLEASE COMPLETE & RETURN -
CITY OF BATTLE CREEK - INCOME TAX DIVISION
EMPLOYER'S WITHHOLDING REGISTRATION

 EMPLOYER'S FEDERAL IDENTIFICATION NUMBER
 (IF NOT REQUIRED - WRITE "NONE")

S -

1. TRADE NAME

3. MAILING ADDRESS

 2. EMPLOYER'S NAME (GIVE OWNER'S TRUE NAME
 IF DIFFERENT FROM TRADE NAME ABOVE)

4. ADDRESS OF PRINCIPAL PLACE OF BUSINESS

5. CHECK TYPE OF ORGANIZATION

OTHER

☐ INDIVIDUAL OWNERS ☐ PARTNERSHIP ☐ CORPORATION ☐ (ATTACH EXPLANATION)

6. LOCAL TELEPHONE NO.

7. NO. OF EMPLOYEES

 8. DATE BUSINESS ACQUIRED BY
 EMPLOYER SHOWN IN ITEM 2 ABOVE →

MONTH DAY YEAR

 9. GIVE THE DATE YOU FIRST PAID WAGES
 SUBJECT TO BATTLE CREEK WITHHOLDING →

MONTH DAY YEAR

10. WAS THIS BUSINESS PREVIOUSLY OPERATED BY ANOTHER EMPLOYER?

II. ACCOUNTING PERIOD

GIVE EMPLOYER'S NAME

☐ CALENDAR YEAR ☐ FISCAL YEAR ENDING

MONTH

SIGNATURE

TITLE

DATE

Do Not Fold, Staple or Mutilate